

**IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
CENTRAL DIVISION**

**IN RE: PROFEMUR HIP IMPLANT) MDL No. 2949
PRODUCTS LIABILITY LITIGATION) ALL CASES**

ORDER FOR FURTHER DOCUMENTATION OF PLAINTIFFS' ALLEGED INJURIES

As part of the continuing management of *In Re: Profemur Hip Implant Products Liability Litigation*, Multidistrict Litigation No. 2949 (“MDL”) and to assist the Parties in obtaining additional information relating to the claims filed in the above-captioned MDL, the Court finds it necessary to require Plaintiffs in cases currently pending in this MDL to provide to Plaintiff and Defense Leadership Counsel certain information and supporting documentation concerning their claims.

THEREFORE, IT IS HEREBY ORDERED:

1. Each plaintiff with a case pending in this MDL shall, within 30 days of the date of this Order, provide the information and the supporting documentation required by Exhibit "A." For any cases subsequently filed in the MDL after the date of this Order, the plaintiff is required to complete and submit Exhibit A and the requested materials within 30 days of filing the complaint.

2. Plaintiffs asserting bilateral claims for both their right and left hips shall complete two separate Exhibit A forms, one for each affected hip.

3. Plaintiffs shall produce each required document as indicated on Exhibit A and separately and clearly identify to which numbered question on Exhibit A each document provided relates.

4. Service of the completed Exhibit A and the supporting documentation shall be made electronically, via email, to Plaintiffs Leadership Counsel (efile@pmkm.com) and Defense Leadership Counsel (SBurke@duanemorris.com, DJAsh@duanemorris.com, JuliePark@mofo.com, and Ebosman@mofo.com). In the event that the submission contains documents too large for email, Plaintiff will transmit the files through DropBox or another shared file site.

5. Each plaintiff shall serve any update or changes to the information previously provided per this Order and which may also impact prior Plaintiff responses to the Census and Plaintiff Fact Sheet Forms detailed in the Court's Case Management Order No. 1 in a timely manner. Any changes to the information provided in response to this Order shall be made on the same forms as provided herewith as Exhibit A, and expressly indicated as an update to prior information provided. Service of any updated forms shall be made by email to the same email addresses identified in Paragraph 4.

Dated: January 12, 2022



Kristine G. Baker
United States District Court Judge

EXHIBIT A

ADDITIONAL TREATMENT FOR [LEFT OR RIGHT] HIP

Plaintiff Name: _____

Individual Case Number: _____

Plaintiff's Counsel: _____

Left or Right Hip: _____

Claim Type (e.g. Ti neck fracture, CoCr neck fracture, CoCr neck corrosion): _____

1.	Did the claimant undergo a surgery on the <u>hip at issue</u> AFTER the revision surgery? <i>If so, indicate the number of subsequent surgeries and produce the operative report(s) for any additional surgery.</i>	<input type="checkbox"/> YES # of re-revisions <hr/>	<input type="checkbox"/> NO
2.	Did the claimant experience a dislocation of the hip at issue <u>AFTER</u> revision surgery? <i>If so, indicate the number of dislocations and produce the medical records demonstrating each such dislocation and whether it was an open or closed reduction.</i>	<input type="checkbox"/> YES # of dislocations <hr/>	<input type="checkbox"/> NO
3.	Has the claimant been diagnosed with an infection in the hip at issue <u>AFTER</u> revision or any subsequent surgery on the hip at issue? <i>If yes, produce the medical records confirming such infection.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Has the claimant been diagnosed with a Pulmonary Embolism or Deep Vein Thrombosis <u>AFTER</u> revision surgery or any subsequent surgery on the hip at issue? <i>If yes, produce the medical records making such diagnosis</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5.	Did the claimant undergo an Extended Trochanteric Osteotomy as part of his/her hip revision surgery? <i>If yes, produce the revision operative report if not already provided.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Is the claimant experiencing footdrop on the side of the body at issue that began <u>AFTER</u> the hip revision surgery? <i>If yes, provide the medical record(s) documenting such a finding.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Is the claimant experiencing a leg length discrepancy on the side of the body at issue that began <u>AFTER</u> the hip revision surgery? <i>If yes, provide the medical record(s) documenting such a finding.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	Has the claimant experienced a femur fracture that required surgery <u>AFTER</u> the revision surgery? <i>If yes, provide the medical record documenting the fracture.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Is the claimant asserting a wage loss claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Is the claimant deceased?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

[PLAINTIFF NAME]

Date